Cystic Fibrosis

Test Selection Guide

Test Name	Test Code	Clinical Application	CPT Codes[a]
Cystic Fibrosis Screen	10458	General screen for carrier status and assessment of CF risk	83891, 83909, 83914 x32, 83900, 83901 x13, 83912
CFTR Intron 8 Poly-T Analysis	15053X	Differential diagnosis of CBAVD, idiopathic pancreatitis, bronchiectasis, etc (used in conjunction with the CF Carrier Screen)	83891, 83898, 83909, 83914, 83912
Cystic Fibrosis DNA Analysis, Fetus	10226X	Diagnose CF in a fetus	88235, 83891 x2, 83909 x2, 83914 x64, 83900 x2, 83901 x26, 83912 x2
Cystic Fibrosis Complete Rare Mutation Analysis, Entire Gene Sequence[c,d] (CF Complete®)	10917X	CF-affected individual, or an individual with atypical CF: identify rare mutation(s) when only 1 or no mutations were detected in the general screening assay Individual with a family history of CF: identify a rare familial mutation when no mutations were detected in the general screening assay	83891 x2, 83909, 83898 x32, 83904 x32, 83912
Cystic Fibrosis Gene Deletion or Duplication[b]	16080X	Diagnose CF in symptomatic individuals when only 1 or no mutations were detected in the general screening assay Determine carrier status or diagnose CF when there is a known familial CF-causing gene deletion or duplication	83891, 83900, 83901 x30, 83909, 83912
Cystic Fibrosis Mutation Screen with Reflex to CF Complete® (Clinics Only)[e]	17726X	See 10458 and 10917X. Diagnose CF without submitting multiple specimens	83891, 83909, 83914 x32, 83900, 83901 x13, 83912
Cystic Fibrosis Rare Mutation Analysis, One Exon[b,d]	10913X	Screen for carrier status or diagnose CF when there is a known familial mutation that is not detectable in the general screening assay	83891, 83909, 83898, 83904, 83912
Cystic Fibrosis Rare Mutation Analysis, Two Exon[b,d]	10915X	Screen for carrier status or diagnose CF when there are 2 known familial mutations that are not detectable in the general screening assay	83891, 83909, 83898 x2, 83904 x2, 83912

Cystic Fibrosis D1152H Mutation Analysis[c]	15335X	Identify disease-causing mutation in individuals with CBAVD or mild CF symptoms; order only in select, rare cases	83891, 83898, 83892 x3, 83909, 83914, 83912

CBAVD, congenital bilateral absence of the vas deferens.

[a] The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

[b] This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.

[c] This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute. Performance characteristics refer to the analytical performance of the test.

[d] Contact your local Quest Diagnostics genetic counselor or call toll free 1-866-GENE-INFO (1-866-436-3463) before submission.

[e] Reflex tests are performed at additional charge and are associated with an additional CPT code (s).

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